

WATER DISTRICT - 75 E
WALLACE Creek

WATERMASTER REQUIREMENT SHEET

DATE OF MEETING: _____ TIME OF MEETING: _____

PLACE OF MEETING: _____

IDWR EMPLOYEE IN ATTENDANCE @ ANNUAL MEETING: _____

ELECTED OFFICERS:

Chairman: _____
(name) (address)

Phone #: _____

Sec/Treas: _____
(name) (address)

Phone #: _____

Watermaster: _____
(name) (address)

Phone #: _____

Board or Committee: _____
